Application for State-Allowed Accommodations March 2007 Michigan Merit Examination (MME) – Day 1 Receipt Deadline: January 10, 2007

MI

Important NOTE: Do NOT use this form to request ACT-approved test accommodations. Complete this form ONLY for a student who does not meet ACT's requirements or whose request has been denied by ACT. Scores achieved with State-Allowed Accommodations will be used for MME purposes but will NOT be reported to colleges, scholarship agencies, or any other entities.

This form is to be completed by a school official, such as counselor, special education teacher, or principal.

A.	STUDENT INFORMATION (Please print clearly.)					
	Student Name (Last, First, M.I.)		Date of Birth (Mo/Day/Yr)		Social Security Number (optional)	
	Student Street Address or PO E	Зох		City	State	Zip Code
	Name of High School the Stude	ent Attends and W	here the Student Will Test		ACT High School Code (required)	
	Name of Home High School (or	nly if different from	n school attends)		ACT High School Code (required)	
В.	REASON FOR REQUESTING STATE-ALLOWED ACCOMMODATIONS. Check one.					
	□ (IEP) Individualized Education Program □ (504) Section 504 Plan □ (ELL) English Language Learner					Language Learner
C.	TEST FORMAT REQUESTED. Check <u>only</u> one . All test books, including large type, and all answer folders are printed in English. (Braille, if applicable, is normally an ACT-approved accommodation. If a student needs Braille in addition to other State-approved accommodations, please call ACT before completing this application.)					
	English Formats	English Forma	ats (cont'd)	Spanish Formats	Ara	abic Formats
	☐ (01) Regular Type (10- ☐ (DA)	Audio DVD □ (DA) with Re □ (DD) with La		Audiocassette Spanish ☐ (4A) with Regular Type ☐ (5A) with Large Type	□ (ocassette Arabic B) with Regular Type B) with Large Type
	Audio Cassette ☐ (04) with Regular Type ☐ (05) with Large Type	Video English ☐ (DG) DVD wi Type	_	<u>Video Spanish</u> □ (DB) DVD with Regular _ Type	□ (1	eo Arabic DC) DVD with Regular Гуре
	Reader's Script ☐ (07) with Regular Type ☐ (08) with Large Type	□ (DH) DVD wi □ (VG) VHS wi Type	th Regular	☐ (DE) DVD with Large Ty☐ (VB) VHS with Regular Type		DF) DVD with Large Type VC) VHS with Regular Type
	Li (00) with Large Type	□ (VH) VHS wi	th Large Type	☐ (VE) VHS with Large Ty	/pe □ (VF) VHS with Large Type
D.	SCHOOL OFFICIAL'S SIGNATURE (required). I affirm the student named on this form attends this school. I have explained to the student and the student's parent/guardian that scores achieved with State-Allowed Accommodations will be reported ONLY to the state department of education for state assessment purposes and will not be reported to colleges, scholarship agencies, or an other entities.					
	School Official's Signature (may not be a relative of the student) Print Official's Name and Title					
E.	STUDENT AND PARENT SIGNATURES (required). I understand that scores achieved with State-Allowed Accommodations will be reported ONLY to the state department of education for state assessment purposes and will not be reported to colleges, scholarship agencies, or any other entities. I understand that the student's notification of scores will be sent to the high school in August.					
	Student's signature (required if 18 or older)		NOTE: School of	rdian signature (required if stude official may sign for parent/legal g has been obtained by phone.		8) Date

SUBMITTING THE APPLICATION. Incomplete or unsigned forms will not be processed. The request **must** be submitted **with** a signed Test Accommodations Coordinator Header. Address all requests from your school as a group to: ACT State Test Accommodations–MI, 301 ACT Drive, PO Box 4071, Iowa City, IA 52243-4071. All submissions must be **received** at ACT by **January 10, 2007.** (Keep a photocopy for your files.)